



VOLUNTEER SERVICES AGREEMENT

I, _____ in consideration of the opportunity and permission to volunteer with the City of Sherwood to perform the assigned task and the beneficial experience to be gained, do hereby fully and completely release the City of Sherwood, its officials and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance for any physical injuries that may occur during my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Sherwood.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify City Hall as soon as possible. If I decide to stop volunteering, I will notify the Volunteer Coordinator.

BY MY SIGNATURE BELOW, I VERIFY THAT I AM SIXTEEN (16) YEARS OF AGE OR OLDER, HAVE BEEN ADVISED OF THE CITY'S SAFETY RULES AS LISTED IN THE VOLUNTEER MANUAL. I ALSO UNDERSTAND THE RIGHTS, RESPONSIBILITIES, AND PRIVILEGES OF PARTICIPATION IN THE VOLUNTEER PROGRAM AND AGREE TO HOLD HARMLESS, RELEASE AND INDEMNIFY THE CITY OF SHERWOOD, ITS OFFICIALS AND EMPLOYEES, FROM LIABILITY FOR PROPERTY DAMAGE AND/OR PERSONAL INJURY RESULTING FROM MY PARTICIPATION IN THIS PROGRAM.

Signature of Participant

Date

BY MY SIGNATURE BELOW, I VERIFY THAT I AM A PARENT OR GUARDIAN OF THE PARTICIPANT AND I HEREBY CONSENT TO HIS/HER PARTICIPATION IN THE CITY OF SHERWOOD VOLUNTEER PROGRAM. I ACKNOWLEDGE THAT ANY PHOTOGRAPH OR VIDEOTAPE TAKEN OF MY CHILD/WARD PARTICIPATING IN THIS VOLUNTEER ACTIVITY MAY BE USED FOR OUTREACH, EDUCATION OR DOCUMENTATION PURPOSES BY THE CITY OF SHERWOOD. I ALSO AGREE TO INDEMNIFY, HOLD HARMLESS AND RELEASE THE CITY OF SHERWOOD, ITS OFFICIALS AND EMPLOYEES, FROM LIABILITY FOR PROPERTY DAMAGE AND/OR PERSONAL INJURY TO ME OR MY CHILD/WARD RESULTING FROM HIS/HER PARTICIPATION IN THE ABOVE NAMED PROGRAM.

Signature of Parent or Guardian
(If Participant is under 18 years of age)

Date

Name of Participant _____

Address _____

City _____ State _____

Age* _____ Phone _____

* If under 18 years of age

Emergency Contact _____

Relationship _____

City _____ State _____

Age _____ Phone _____